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FACSIMILE TRANSMISSION

TO:	Examiner S. Alimenti Art Unit 3644	FROM:	Jonathan M. Hines Reg. No. 44,764
DATE:	August 2, 2005	FAX NO:	(571) 273-8300
RE:	Our File No. 3108/2; U.S. Serial No. 10/655,258		

CONFIRMATION COPY TO FOLLOW:	YES	NO	<input checked="" type="checkbox"/>
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NUMBER OF PAGES Cover + 12

MESSAGE: Please see the attached Amendment for U.S. Serial No. 10/655,258 filed in reply to Office Action dated May 2, 2005.

Also, please confirm receipt of this facsimile. Thank you.

If any problems in transmission occur, please contact Delia Dominguez Legal Assistant

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

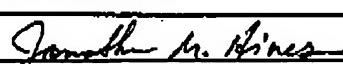
Application Number	10/655,258
Filing Date	08/04/2003
First Named Inventor	B. Fraedrich, et al.
Art Unit	3844
Examiner Name	S. Alment
Attorney Docket Number	3108/2

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks If there are any fees due in connection with this matter, please charge Applicant's Deposit Account No. 01-0265.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ADAMS EVANS P.A.		
Signature			
Printed name	Jonathan M. Hines		
Date	08/02/2005	Reg. No.	44,764

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T-492 P-003/013 F-451

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/655,258 Confirmation No. 6157
Applicant : B. Fraedrich, et al.
Filed : September 4, 2003
TC/AU : 3644
Examiner : S. Alimenti
Docket No. : 3108/2
Customer No. : 23638

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL

Sir:

This is in response to the Office Action of May 2, 2005.

Amendments to the Specification are not being submitted at this time.

Amendments to the Drawings are not being submitted at this time.

Amendments to the Claims begin on page 4 of this paper.

Remarks begin on page 9 of this paper.